

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Pete Aguilar for Congress**

Full Name (Last, First, Middle Initial)

**A. Kaiser Permanente**

Mailing Address 393 E Walnut St

City	State	Zip Code
Pasadena	CA	91188-0001

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

299.01
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Transaction ID : VN7K39TX9C4

**B. Kaiser Permanente**

Mailing Address 393 E Walnut St

City	State	Zip Code
Pasadena	CA	91188-0001

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

299.01
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Transaction ID : VN7K39TY906

**c. Liberty Mutual**

Mailing Address 175 Berkeley St

City	State	Zip Code
Boston	MA	02116-5066

Purpose of Disbursement  
Liability Insurance

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

Amount of Each Disbursement this Period

1099.00
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Transaction ID : VN7K39TWGZ1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1697.02